Fill in this information to identify yo	our case:
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Р	art 1: Identify Yourself			
1.	Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
	Write the name that is on your	Lewis		
	government-issued picture identification (for example,	First Name	First Name	
	your driver's license or passport).	M Middle Name	Middle Name	
	. ,	Shapiro		
	Bring your picture identification to your meeting	Last Name	Last Name	
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
2.	All other names you			
	have used in the last 8 years	First Name	First Name	
	Include your married or	Middle Name	Middle Name	
	maiden names.	Last Name	Last Name	
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>3</u> <u>1</u> <u>7</u> <u>0</u>	xxx - xx	
	number or federal Individual Taxpayer	OR	OR	
	Identification number (ITIN)	9xx - xx	9xx - xx	
4.	Any business names and Employer Identification Numbers	✓ I have not used any business names or EINs.	☐ I have not used any business names or EINs.	
	(EIN) you have used in the last 8 years	Business name	Business name	
	Include trade names and	Business name	Business name	
	doing business as names			

Debtor 1 Case 15-4192	7 Doc 1 Filed 12/11/15 Entered	12/11/15 16:24:17 Desc Main		
First Name	Middle Name চথুৱামাৱনার দ্বপুত 2 ত	About Debtor 2 (Spouse Only in a Joint Case):		
	About Debtor 1.	About Debtor 2 (Spouse Only in a Joint Case).		
	EIN — — — — — — — —	<u> </u>		
	EIN — — — — — — —	EIN		
5. Where you live		If Debtor 2 lives at a different address:		
	217 Grant Dr.			
	Number Street	Number Street		
	Bollingbrook IL 60440			
	City State ZIP Code	City State ZIP Code		
	County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
	217 Grant Dr.	Number Street		
	Number Street			
	P.O. Box	P.O. Box		
	Bollingbrook IL 60440	P.O. BOX		
	City State ZIP Code	City State ZIP Code		
Why you are choosing this district to file for	Check one:	Check one:		
bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Part 2: Tell the Court	About Your Bankruptcy Case			
7. The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see Notice Bankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filing		
are choosing to file	. 0	,		
under				
	Chapter 11			
	Chapter 12			
	Chapter 13			

Deb	tor 1 Case 15-41927 First Name	Middle Name	Filed 12/11/15 Shapiro Doctionent	Entered 12 Page 3 of 5	2/11/15 16:24:1 3 number (if known)	7 Desc Main 12/11/2015 04:21:04pm
8.	How you will pay the fee	court pay v	for more details about how	w you may pay. T or money order.	ypically, if you are pay If your attorney is subr	e clerk's office in your local ing the fee yourself, you may mitting your payment on your sted address.
			d to pay the fee in install duals to Pay Your Filing F			and attach the Application for
		By la than fee ir	w, a judge may, but is not 150% of the official povert	required to, waive by line that applies ose this option, yo	your fee, and may do to your family size and u must fill out the App	you are filing for Chapter 7. so only if your income is less d you are unable to pay the lication to Have the Chapter 7
9.	Have you filed for bankruptcy within the	<b>☑</b> No				
	last 8 years?	Yes.				
		District _			When	Case number
		District		,	MM / DD / YYYY	Case number
					MM / DD / YYYY	
		District _			When MM / DD / YYYY	Case number
10.	Are any bankruptcy	<b>☑</b> No				
	cases pending or being filed by a spouse who is	Yes.				
	not filing this case with you, or by a business	Debtor _			Relationsh	ip to you
	partner, or by an affiliate?	District _			When	Case number,if known
		Debtor _			Relationsh	ip to you
		District _			When MM / DD / YYYY	·
11.	Do you rent your residence?	✓ No. ☐ Yes.	Go to line 12. Has your landlord obtain residence?	ed an eviction jud	gment against you and	d do you want to stay in your
			No. Go to line 12.	Statement Ahout s	an Eviction Judgment	Against You (Form 101A)

and file it with this bankruptcy petition.

12.	Are you a sole proprietor of any full- or part-time business?		<u></u>						
	A sole proprietorship is a business you operate as an			Name of business, if any					
	individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Number Street					
	If you have more than one sole proprietorship, use a			City	State	ZIP Code			
	separate sheet and attach it to this petition.			Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § Single Asset Real Estate (as defined in 11 U.S.C. § Stockbroker (as defined in 11 U.S.C. § 101(53A) Commodity Broker (as defined in 11 U.S.C. § 10 None of the above	101(27A)) C. § 101(51E )	3))			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		<i>set ap</i> st rece	filing under Chapter 11, the court must know whether yes propriate deadlines. If you indicate that you are a smant balance sheet, statement of operations, cash-flow staff these documents do not exist, follow the procedure in	ll business o atement, an	debtor, you must attach your d federal income tax return			
	debtor?		No.	I am not filing under Chapter 11.					
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chapter 11, but I am NOT a small but the Bankruptcy Code.	siness debt	tor according to the definition in			
			Yes.	I am filing under Chapter 11 and I am a small busines Bankruptcy Code.	s debtor ac	cording to the definition in the			
P	Report If You Ov	vn o	r Hav	e Any Hazardous Property or Any Propert	y That Ne	eds Immediate Attention			
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?					
	safety? Or do you own any property that needs immediate attention?			If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?					

City

State

ZIP Code

# Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing ab	out
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	requi	ired	to	rece	ive	а	bri	efing	j a	bout
		unse									

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Ρ	art 6: Answer These (	Questions	for Reporting Pu	pos	ses		
16.	What kind of debts do you have?		•		sumer debts? Consur rimarily for a personal, fa		are defined in 11 U.S.C. § 101(8) ousehold purpose."
							re debts that you incurred to obtain the business or investment.
		16c. Sta	ite the type of debts you	u ow	e that are not consumer	or busine	ss debts.
17.	Are you filing under Chapter 7?	□ No.	I am not filing under	Chap	oter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and administrative expenses	<b>√</b> Yes.	•	•	•	•	exempt property is excluded and e to distribute to unsecured creditors?
	are paid that funds will be available for distribution to unsecured creditors?		Yes				
18.	How many creditors do you estimate that you owe?	7 1-49 50-99 100-1	199		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$50,0 \$100	50,000 001-\$100,000 1,001-\$500,000 1,001-\$1 million		\$1,000,001-\$10 millior \$10,000,001-\$50 millio \$50,000,001-\$100 mill \$100,000,001-\$500 mi	on [	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$50,0 \$100	50,000 001-\$100,000 0,001-\$500,000 0,001-\$1 million		\$1,000,001-\$10 millior \$10,000,001-\$50 millior \$50,000,001-\$100 mill \$100,000,001-\$500 mi	on [	# 40 000 000 004 #F0 L'III'
Ρ	art 7: Sign Below						
For	you	I have exa	•	d I d	eclare under penalty of	perjury tha	at the information provided is true
		or 13 of tit		•		• .	, if eligible, under Chapter 7, 11, 12, under each chapter, and I choose to
					I not pay or agree to pay nd read the notice requir		e who is an attorney to help me fill J.S.C. § 342(b).
		I request r	relief in accordance wit	h the	chapter of title 11, Unit	ed States	Code, specified in this petition.
		connectio		se ca	n result in fines up to \$2		ng money or property by fraud in or imprisonment for up to 20 years,
			wis M Shapiro		x	Diam - 1	(Diling)
		•	ure of Debtor 1 ted on <b>12/11/2015</b>			Signature ( Executed (	of Debtor 2

MM / DD / YYYY

MM / DD / YYYY

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jeffrey M. Jacobson	I	Date 12/11/201	15
Signature of Attorney for Debtor		MM / DD /	YYYY
Jeffrey M. Jacobson Printed name			
Law Offices of Jeffrey M. Jacobs	on P.C.		
Firm Name			
903 Commerce Drive			
Number Street			
Suite 160			
Oak Brook	IL	60523	
City	State	ZIP Code	;
Contact phone (331) 222-9529 6205762	Email address <b>Ia</b>	wjake12@gma	iil.com
Bar number	State		

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		Dog	ument Page 8 of	53	12/11/2015 04:21:0
Fill in this infor	mation to ident	ify your case a	and this filing:		
Debtor 1 L	ewis	М	Shapiro		
Fi	irst Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing) Fi	irst Name	Middle Name	Last Name		
United States Bankr	ruptcy Court for the:	NORTHERN DI	STRICT OF ILLINOIS		
Case number				Chook	if this is an
(if known)			_		if this is an led filing
Official Form 1	06A/B				
Schedule A/B	: Property				12/15
filing together, both sheet to this form. C	are equally respon On the top of any ac ribe Each Resid have any legal or e	sible for supplyir dditional pages, v dence, Buildin	e as complete and accurate as ag correct information. If mor write your name and case nung, Land, or Other Real E	e space is needed, attach a s nber (if known). Answer eve state You Own or Have	separate ry question.
	e is the property?				
1.1.  217 Grant Dr  Street address, if available, or other description		Check all the Single-	e property? nat apply. family home or multi-unit building	Do not deduct secured clai amount of any secured clai Creditors Who Have Claims Current value of the	ims on Schedule D:
			minium or cooperative	entire property?	portion you own?
Bolingbrook City	IL 60440 State ZIP Code	별	actured or mobile home	\$0.00	\$0.00
Will	State Zii Gode	L 20110	nent property pare	Describe the nature of yo interest (such as fee simp entireties, or a life estate)	ole, tenancy by the
County		ш.	n interest in the property?	Conventional Real Esta	ate
217 Grant Dr., Boli Home,	ingbrook	Check one  Debtor  Debtor  Debtor	1 only	Check if this is comm (see instructions)	unity property
			rmation you wish to add abou	nt this item, such as local	_
			of your entries from Part 1, inc		\$0.00
Part 2: Desc	ribe Your Vehic	eles			
-			any vehicles, whether they at lso report it on Schedule G: E	_	-
3. Cars, vans, truc	ks, tractors, sport	utility vehicles, m	notorcycles		
□ No ✓ Yes					

Official Form 106A/B Schedule A/B: Property page 1

Debt	tor 1	Case 15-4192 Lewis	M	Filed 12/11/15 D <b>soupire</b> nt		2/11/15 16:24:17 3anumber (if known)	Desc Main 12/11/2015 04:21:05pn
3.1.	•	First Name	Middle Name	Last Name  Who has an interest in th Check one.	e property?	Do not deduct secured cla	ims or exemptions. Put the
Mak Mod	el:	Kia Soul		Debtor 1 only Debtor 2 only		Creditors Who Have Clain  Current value of the	
Year Appr		2010_ ate mileage: <b>87,600</b>		Debtor 1 and Debtor 2	•	entire property?	portion you own?
Othe		mation:		☐ Check if this is comm		\$6,000.00	\$6,000.00
4.				(see instructions)  and other recreational vel al watercraft, fishing vessels			
	☑ Y						
5.				own for all of your entries f Part 2. Write that number			\$6,000.00
Pa	art 3:	Describe Yo	ur Personal a	and Household Items			
Do y	ou ov	vn or have any lega	l or equitable in	terest in any of the followi	ng items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		ehold goods and function in the second goods goods and function in the second goods goo	-	ens, china, kitchenware			
	☐ Y	lo 'es. Describe					
7.		•		video, stereo, and digital eq evices including cell phones			
	☑ Y	lo 'es. Describe					
В.				gs, prints, or other artwork; bollections; other collections,	•	-	
	☐ Y	lo 'es. Describe					
9.			raphic, exercise	, and other hobby equipmen tools; musical instruments	it; bicycles, pool ta	ables, golf clubs, skis;	
	☑ Y	lo 'es. Describe					
10.		nples: Pistols, rifles,	shotguns, ammu	nition, and related equipme	nt		
		lo 'es. Describe					
11.	Cloth Exam		nes, furs, leather	coats, designer wear, shoes	s, accessories		
	☑ N	lo 'es. Describe					

Deb	tor 1	Case 15-4192 Lewis First Name	7 Doc 1 M Middle Name	Filed 12/11/15 Dostupient  Last Name	Entered 12/11/15 16:24:17 Page 10 @fa53umber (if known)	Desc Main 12/11/2015 04:21:05p
12.	<b>Jewe</b> Exam	•	ry, costume jewel	ry, engagement rings, v	wedding rings, heirloom jewelry, watches, gems	5,
	☐ Y	lo ′es. Describe				
13.	Exan	farm animals aples: Dogs, cats, bird	ls, horses			
	_	es. Describe				
14.	did n	ot list	ousehold items	you did not already lis	st, including any health aids you	
	☐ Y	es. Give specific				
15.			-		any entries for pages you have	\$0.00
Ρ	art 4:	Describe You	ır Financial A	ssets		
Эο	you ov	vn or have any legal	or equitable inte	rest in any of the follo	owing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exan		e in your wallet, ir	n your home, in a safe c	deposit box, and on hand when you file your	
	☐ Y				Cash:	<b></b> .
<b>7.</b>	-		ses, and other sim		tes of deposit; shares in credit unions, have multiple accounts with the same	
	☑ <sup>Y</sup>	lo ′es		Institution name:		
18.		ls, mutual funds, or p	-		money market accounts	
	☐ Y	lo 'es	Institution or iss	uer name:		
				. , , ,		
19.	an in	terest in an LLC, par			incorporated businesses, including	
		lo 'es. Give specific nformation about				
		nem	Name of entity:		% of ownership:	

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Doc 1

information about them

Deb	ctor 1 Case 15-41927  Lewis M First Name Mi		Filed 12/11/15 Dostupient  Last Name	Entered 12/11/15 Page 12 @fa53 umber		Desc Main 12/11/2015 04:21:05pm
26.	Patents, copyrights, trademark			ctual property:		
	Examples: Internet domain nam					
	<ul><li>✓ No</li><li>✓ Yes. Give specific information about them</li></ul>					
27.	Licenses, franchises, and other Examples: Building permits, exc	-	-	tion holdings, liquor licenses	, professional licen	ses
	<ul><li>✓ No</li><li>✓ Yes. Give specific information about them</li></ul>					
Mor	ney or property owed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you					
	<b>☑</b> No					
	Yes. Give specific informati about them, including wheth				Federal	<b>\$0.00</b>
	you already filed the returns				State:	\$0.00
	and the tax years				Local:	\$0.00
29.	Family support Examples: Past due or lump sur	m alimony, s	pousal support, child su	pport, maintenance, divorce	settlement, property	y settlement
	✓ No  ✓ Yes. Give specific informati	ion			Alimony:	\$0.00
	<u>.</u>				Maintenance:	\$0.00
					Support:	\$0.00
					Divorce settlement:	
					Property settlement	
30	Other amounts someone owes	s vou			. roporty cottaomen	
30.	Examples: Unpaid wages, disab	oility insuran		enefits, sick pay, vacation pa ı made to someone else	ay, workers'	
	<ul><li>✓ No</li><li>☐ Yes. Give specific information</li></ul>	ion				
31.	Interests in insurance policies Examples: Health, disability, or		e; health savings accour	nt (HSA); credit, homeowner's	s, or renter's insura	nce
	✓ No	0		Dana Galama	0	
	Yes. Name the insurance company of each policy and list its value	Company r	name:	Beneficiary:		rrender or refund value:
32.	Any interest in property that is If you are the beneficiary of a livi entitled to receive property beca	ing trust, exp	pect proceeds from a life		ently	
	<ul><li>✓ No</li><li>☐ Yes. Give specific information</li></ul>	ion				
33.	Claims against third parties, w Examples: Accidents, employment				payment	
	✓ No  ✓ Yes Describe each claim					

Deb		se 15-41927 wis	7 Doc 1	Filed 12/11/15 Do <b>stupie</b> nt	Entered 12/11/15 Page 13 of 53 umber		Desc Main 12/11/2015 04:21:05pm
DCD		st Name	Middle Name	Last Name	Tago 10 Galassianisci	(II KIIOWII)	_
34.		tingent and unliquet off claims	uidated claims	of every nature, includ	ling counterclaims of the d	ebtor and	
	✓ No ☐ Yes. □	Describe each cla	im				
35.	Any financ	cial assets you d	id not already l	ist			
	✓ No ☐ Yes. G	Give specific infor	mation				
36.					any entries for pages you h		\$0.00
Pá	art 5: De	scribe Any B	usiness-Rela	ated Property You	Own or Have an Intere	st In. List any	real estate in Part 1.
37.	Do you ow	n or have any le	gal or equitable	e interest in any busine	ess-related property?		
	✓ No. Go	o to Part 6. Go to line 38.					
							Current value of the portion you own?  Do not deduct secured claims or exemptions.
38.	Accounts	receivable or co	mmissions you	already earned			dams of exemptions.
	✓ No ☐ Yes. □	Describe					
39.	-	ipment, furnishin Business-related desks, chairs, el	l computers, sof	tware, modems, printers	, copiers, fax machines, rugs	s, telephones,	
	✓ No ☐ Yes. □	Describe					
40.	Machinery	, fixtures, equip	ment, supplies	you use in business, a	nd tools of your trade		
	✓ No ☐ Yes. □	Describe					
41.	Inventory						
	✓ No ☐ Yes. □	Describe					
42.	Interests in	n partnerships o	r joint ventures	•			
	✓ No ☐ Yes. □	Describe Nam	e of entity:			% of ownership:	
43.	Customer	lists, mailing list	ts, or other con	npilations			
	_	Do your lists incl	ude personally	identifiable informatio	n (as defined in 11 U.S.C. §	101(41A))?	

Debto		М	Filed 12/11/15 Do <b>shapie</b> nt	5 Entered 12/11/15 16:24:17 <u>Page 14 of 53 umber (if known)</u>	Desc Main 12/11/2015 04:21:05p
	First Name	Middle Name	Last Name		
	Any business-related  ✓ No	property you ald no	ot aiready list		
	✓ No  ✓ Yes. Give specific information				
		-	_	g any entries for pages you have	\$0.00
Par			mmercial Fishing- in farmland, list it in	-Related Property You Own or Have n Part 1.	an Interest In.
46. E	o you own or have a	any legal or equitab	le interest in any farm-	or commercial fishing-related property?	
	No. Go to Part 7. Yes. Go to line 47				
					Current value of the portion you own? Do not deduct secured claims or exemptions.
	<b>farm animals</b> Examples: Livestock, <sub>I</sub>	poultry, farm-raised f	ish		
-	☑ No ☐ Yes				
48. C	Cropseither growing	g or harvested			
_	✓ No ✓ Yes. Give specific information				
49. F	arm and fishing equ	ipment, implements	, machinery, fixtures,	and tools of trade	
	☑ No ☐ Yes				
50. F	arm and fishing sup	plies, chemicals, ar	nd feed		
_	☑ No ☐ Yes				
51. A	Any farm- and comme	ercial fishing-related	d property you did not	already list	
	✓ No Yes. Give specific information				
		-	_	g any entries for pages you have	\$0.00

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Debtor 1

First Name Middle Name Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **№** No Yes. Give specific information..... \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here..... Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2..... \$0.00 56. Part 2: Total vehicles, line 5 \$6,000.00 57. Part 3: Total personal and household items, line 15 \$0.00 58. Part 4: Total financial assets, line 36 \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal \$6,000.00 \$6,000.00

property total

\$6,000.00

62. Total personal property. Add lines 56 through 61.....

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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Fill in this info	ormation to i	dentify your case		33	
Debtor 1	Lewis First Name	<b>M</b> Middle Name	Shapiro Last Name		
Debtor 2	riist ivaille	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		Check if this is an
Case number					amended filing
(if known)					

# Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming?	Check one only, e	even if your spouse is filing	with you.		
	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B th	at you claim as exen	npt, fill in the information	below.		
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		

3. Are you claiming a homestead exemption of more than \$155,675?

(Sub	ject t	o adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)
	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No
		Yes

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		Document	Page 17	<u>' of</u> 53		12/11/2015 04:21:07
Fill in this inf	ormation to iden	itify your case:				
Debtor 1	Lewis	M Sha	piro			
	First Name	Middle Name Last N		_		
Debtor 2						
(Spouse, if filing)	First Name	Middle Name Last N	Name	_		
United States Bar	nkruptcy Court for the	: NORTHERN DISTRICT	OF ILLINOIS			
				_		
Case number (if known)					Check if this is	s an
()					amended filing	}
Official Form	106D					
Schedule D:	Creditors WI	ho Have Claims Se	ecured by P	roperty		12/15
		ible. If two married people				
	•	needed, copy the Addition	-		ies, and attach it to this	s form.
On the top of any	additional pages, wi	rite your name and case nu	imber (it known).			
1. Do any credit	tors have claims sec	cured by your property?				
•		it this form to the court with	our other schedul	les. Vou have not	hing else to report on thi	is form
	in all of the information		your other schedul	es. Tou have not	riirig eise to report on tin	S IOIIII.
		511 <b>5</b> 51511.				
Part 1: Lis	t All Secured Cla	aims				
2. List all secur	ed claims. If a credit	tor has more than one secure	ed			
		r each claim. If more than o		olumn A	Column B	Column C
		he other creditors in Part 2. alphabetical order according		mount of claim	Value of collateral	Unsecured
creditor's nam		alphabetical order according		o not deduct the alue of collateral	that supports this claim	portion If any
		Describe the property				
2.1		secures the claim:		\$12,874.00	\$6,000.00	\$6,874.00
EXETER FINANC	CE CORP	— 2010 Kia Soul				
Creditor's name PO BOX 166097						
Number Street						
IRVING	TX 75016	As of the date you file	, <b>the claim is:</b> Ch	eck all that apply.		
City	State ZIP Code	Contingent				
Who owes the deb	ot? Check one.	☐ Unliquidated☐ Disputed				
Debtor 1 only		Disputed				
Debtor 2 only		Nature of lien. Check				
☐ Debtor 1 and D		☐ An agreement you			d car loan)	
At least one of	the debtors and anot	_		anic's lien)		
Chaolaif this	alaima valataa	Judgment lien from				
Check if this of to a community		Other (including a r	ignit to offset) At	itomobile		
Date debt was inc	urred <u>02/27/2014</u>	Last 4 digits of accou	nt number <u>1</u>	0 0 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,874.00

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Lewis M Doshapient Page 18 of 53 number (if known) 12/11/2015 04:21:07pm

Debtor 1

First Name Middle Name Last Name

Part 1:

**Additional Page** 

After listing any entries on this page, number them sequentially from the previous page.

Column A

Amount of claim

Do not deduct the value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

		value of collateral	Oldilli	ii airy
2.2  ROUNDPOINT MTG  Creditor's name 5032 PARKWAY PLAZA BLVD	Describe the property that secures the claim: 217 Grant Dr, Bolingbrook, IL	\$194,709.00	\$0.00	\$194,709.00
Number Street				
CHARLOTTE NC 28217 City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only	As of the date you file, the claim is:  Contingent Unliquidated Disputed	Check all that apply.		
Debtor 2 only	Nature of lien. Check all that apply.			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ An agreement you made (such as ☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit	• •	car loan)	
Check if this claim relates to a community debt	Other (including a right to offset)	Conventional Real	l Estate Mortgage	
Date debt was incurred 03/23/2010	Last 4 digits of account number	4 3 2 2		

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$194,709.00

\$207,583.00

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Ouse	7 10 41321	DOO I THE	ocument Page 19 c	f 53		/11/2015 04:21:08p
Fill in this inf	formation to	identify your cas		33		
Debtor 1	Lewis	М	Shapiro	]		
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	\ Firet Name	Middle Name	Last Name			
(Spouse, ii iiiiig)	) Thistivanie	Wildule Harrie	Last Name			
United States Ba	ankruptcy Court	for the: <b>NORTHERN</b>	I DISTRICT OF ILLINOIS			
Case number (if known)					Check if this is a	ın
(II KIIOWII)				]	amended filing	
0.60	1005/5					
Official Form						
Schedule E	/F: Credito	ors Who Have	Unsecured Claims			12/15
to this page. On	the top of any a	-	it out, number the entries in the te your name and case number ecured Claims		acon the continue	auon rugo
1. Do any credi	itors have prior	ity unsecured claims	s against you?			
□ No. Go	to Part 2.					
Yes.						
claim. For ea show both pri more space is	ach claim listed, iority and nonpri	identify what type of control of	reditor has more than one priority of claim it is. If a claim has both priorich as possible, list the claims in a s, fill out the Continuation Page of	ity and nonpriority amo Iphabetical order accor	ounts, list that clair ding to the credito	n here and or's name. If
(For an expla	nation of each t	ype of claim, see the i	instructions for this form in the ins			
				Total claim	Priority amount	Nonpriority amount
2.1				Unknown	Unknown	Unknown
Elizabeth Shapi			Last 4 digits of account number			
Priority Creditor's Nam <b>50 Thompson D</b>			When was the debt incurred?			
Number Street						
Vincennes	IN	47591	As of the date you file, the claim  ☐ Contingent	is: Check all that app	ly.	
City	State	ZIP Code	Unliquidated			
Who incurred the Debtor 1 only	debt? Checl		Disputed			
Debtor 2 only	Daletano		Type of PRIORITY unsecured cla	aim:		
Debtor 1 and I  At least one of	Debtor 2 only f the debtors and		<ul><li>✓ Domestic support obligations</li><li>Taxes and certain other debts</li></ul>	you owe the governme	ent	
☐ Check if this			Claims for death or personal intoxicated	njury while you were		
Is the claim subject	ect to offset?		Other. Specify			

✓ No ☐ Yes

Desc Main 12/11/2015 04:21:08pm Filed 12/11/15 Case 15-41927 Doc 1 Entered 12/11/15 16:24:17 Page 20 of 53 Case number (if known) M Debtor 1 First Name Middle Name Last Name Part 2: **List All of Your NONPRIORITY Unsecured Claims** Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with you other schedules. Yes  $\overline{\mathbf{M}}$ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2. **Total claim** 4.1 \$5,972.00 **BK OF AMER** Last 4 digits of account number 8 1 2 1 Nonpriority Creditor's Name When was the debt incurred? 12/19/2011 PO BOX 982238 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated **EL PASO** TX 79998 Disputed ZIP Code State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only ☐ Student loans Debtor 2 only

Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	<ul> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>□ Other. Specify Charge Account</li> </ul>
No	
Yes	
4.2	\$1,669.00
CAPITAL ONE BANK USA N	Last 4 digits of account number 3 7 4 5
Nonpriority Creditor's Name 15000 CAPITAL ONE DR	When was the debt incurred? 12/29/2009
Number Street	As of the date you file, the claim is: Check all that apply.  — ☐ Contingent
RICHMOND         VA         23238           City         State         ZIP Code	Unliquidated  Disputed
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card
Yes	

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Debtor 1

M First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them previous page.	sequentially from the	Total claim
A.3  Christine S. Marshall  Nonpriority Creditor's Name  5100 N. Marine drive  Number Street  #7L  Chicago IL 60646  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?	Last 4 digits of account number  When was the debt incurred? 9/3/15  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Attorney Fees	\$4,002.00
Yes  4.4  Comcast  Nonpriority Creditor's Name PO Box3005  Number Street  Southeastern PA 19398-3005  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Last 4 digits of account number 4 8 1 6  When was the debt incurred? 04/01/2013  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	\$1,027.00
□ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes □ 4.5  ComEd Nonpriority Creditor's Name P.O. Box 805379 Number Street	Other. Specify Utility  Last 4 digits of account number  When was the debt incurred? 2015  As of the date you file, the claim is: Check all that apply.  Contingent	\$990.00
Chicago  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Utility	

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M

Debtor 1

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$446.00 CONVERGENT OUTSOURCING Last 4 digits of account number 8 3 9 4 Nonpriority Creditor's Name When was the debt incurred? 04/30/2014 800 SW 39TH ST As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated RENTON 98057 WA Disputed City State ZIP Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim:  $\sqrt{}$ Debtor 1 only Debtor 2 only П Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Collection Attorney Is the claim subject to offset? **☑** No ☐ Yes 4.7 \$75.00 **CREDITORS PROTECTION S** Last 4 digits of account number 2 1 7 9 Nonpriority Creditor's Name When was the debt incurred? 09/06/2011 **308 W STATE ST STE 485** As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated **ROCKFORD** 61101 Disputed ZIP Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Collection Attorney Is the claim subject to offset? **☑** No Yes \$1,022.00 **ENHANCED RECOVERY CO L** Last 4 digits of account number 1 4 5 Nonpriority Creditor's Name When was the debt incurred? 10/08/2015 **8014 BAYBERRY RD** As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated **JACKSONVILLE** FL 32256 Disputed City State ZIP Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Utility Is the claim subject to offset?

**☑** No ☐ Yes

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Debtor 1

M Lewis

First Name Middle Name Last Name

Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
4.9		\$191.00
ENHANCED RECOVERY CO L	Last 4 digits of account number 9 1 0 3	
Nonpriority Creditor's Name 8014 BAYBERRY RD	When was the debt incurred? 03/16/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
JACKSONVILLE         FL         32256           City         State         ZIP Code	Unliquidated Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?		
No Voc		
Yes		
4.10		\$492.00
FOCUS RECEIVABLES MANA	Last 4 digits of account number 4 8 0 0	Ψ-32.00
Nonpriority Creditor's Name	<del></del>	
1130 NORTHCHASE PKWY SE	When was the debt incurred? 07/30/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
MARIETTA GA 30067	- ☐ Disputed	
City State ZIP Code		
Who incurred the debt? Check one.  ☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only ☐ Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	☐ Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <b>Collection Attorney</b>	
□ s the claim subject to offset?	✓ Other. Specify Collection Attorney	
✓ No		
Yes		
4.11		\$2,300.00
Frank Tedesso	Last 4 digits of account number	
Nonpriority Creditor's Name 29 S. La Salle	When was the debt incurred? 2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
Suite 454	_ Contingent	
Chicago IL 60603	Unliquidated	
City State ZIP Code	- Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	that you did not report as priority claims	
	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Attorney for -	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		

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Debtor 1

M Lewis

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecui	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
GM FINANCIAL Nonpriority Creditor's Name PO BOX 181145 Number Street  ARLINGTON TX 76096 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 9 2 3 6  When was the debt incurred? 12/26/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Automobile	\$13,691.00
Yes  4.13  Illinois American Water  Nonpriority Creditor's Name  1025 Laurel Oak Road	_ Last 4 digits of account number <u>6 3 8 9</u> When was the debt incurred? 2015	\$990.00
Number Street  Voorhees NJ 08043	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Utility	
Is the claim subject to offset?  No Yes  4.14		\$4,000,00
Law Offices of Jeffrey M. Jacobson P.C. Nonpriority Creditor's Name 3908 N. Cass Number Street	Last 4 digits of account number  When was the debt incurred? 12/10/2015  As of the date you file, the claim is: Check all that apply.  Contingent	\$1,000.00
Westmont  City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt les the claim subject to offset?  ✓ No Yes	Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Attorney Fees	

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Debtor 1

М Lewis

First Name Middle Name Last Name

Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number them previous page.	n sequentially from the	Total claim
4.15		\$239.00
MERCHANTS CREDIT GUIDE Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 Number Street	Last 4 digits of account number 0 0 3 5  When was the debt incurred? 07/24/2013  As of the date you file, the claim is: Check all that apply.	
CHICAGO  LL 60606  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney	
✓ No Yes  4.16  MOHELA/DEPT OF ED	Last 4 digits of account number 0 0 0 1	\$354.00
Nonpriority Creditor's Name 633 SPIRIT DR Number Street  CHESTERFIELD MO 63005	When was the debt incurred? 02/07/2000  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  ☐ Yes	Type of NONPRIORITY unsecured claim:  ☑ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
4.17		\$331.00
MOHELA/DEPT OF ED  Nonpriority Creditor's Name  633 SPIRIT DR  Number Street	Last 4 digits of account number 0 0 0 2 2  When was the debt incurred? 07/27/2000  As of the date you file, the claim is: Check all that apply.  Contingent	
CHESTERFIELD MO 63005  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  NO Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	

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M Debtor 1 Lewis First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18  MOHELA/DEPT OF ED  Nonpriority Creditor's Name 633 SPIRIT DR  Number Street  CHESTERFIELD MO 63005  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt	Last 4 digits of account number 0 0 0 3  When was the debt incurred? 03/20/2001  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	\$181.00
Is the claim subject to offset?  No Yes  4.19  PORTFOLIO RECOVERY ASS	Cother. Specify  Last 4 digits of account number 3 8 4 9	\$204.00
Nonpriority Creditor's Name  120 CORPORATE BLVD STE 1  Number Street  NORFOLK VA 23502	When was the debt incurred? 11/25/2014  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	
City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -	

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M Debtor 1 First Name Middle Name Last Name

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims from Part 1	6a.	Domestic support obligations	6a. <b>\$0.</b>	.00
	6b.	Taxes and certain other debts you owe the government	6b. <b>\$0.</b>	.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. <b>\$0.</b>	.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>+\$0.</b>	.00_
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d. <b>\$0.</b>	.00_
			Total claim	
Total claims from Part 2	6f.	Student loans	<b>Total claim</b> 6f. <b>\$866.</b>	.00
	6f. 6g.			
	6g.	Obligations arising out of a separation agreement or divorce	6f. <b>\$866.</b>	.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar	6f. <b>\$866.</b> 6g. <b>\$0.</b>	.00

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Fill in this information to identify your case:							
Debtor 1	Lewis	M	Shapiro				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS	<u>;                                    </u>			
Case number							
(if known)							

#### Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1.	Do you have any executory contracts or unexpired leases?
	No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
	Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B)

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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		Doc	ument	Page 29 of	53		12/11/2015 04:21:
Fill in th	nis information to i	dentify your case:					
Debtor 1	Lewis	М	Shapiro				
	First Name	Middle Name	Last Name				
Debtor 2	if filing) First Name	Middle Name	Last Name				
(Spouse, I	if filing) First Name	Middle Name	Lastivalle				
United Sta	ates Bankruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF	ILLINOIS			
Case num						☐ Check if t	
(**************************************						amended	filing
Off: -: -! !	Farms 40011						
	Form 106H						
Schedu	ile H: Your Cod	ebtors					12/15
1. Do you  N Y  2. Within include Y Y  3. In Colupersoi credite	the last 8 years, have a Arizona, California, Idalo. Go to line 3.  So. Did your spouse, for No Yes  Wes with the Yes  Wes again or on Schedule D (Office)	al Pages, write your nate of the policy of t	nt case, do not not case, do not case, do not not case	number (if known that is either spouse state or territory? Puerto Rico, Texa with you at the times use as a codebto a guarantor or o	e as a codebt  (Communitation)  (Communi	every question.  for.)  ty property states and on, and Wisconsin.)  puse is filing with yeake sure you have	od territories ou. List the listed the
	lule D, Schedule E/F, o		t Column 2.		Column 2: T	ho craditar to who	m you owe the debt
001	amm 7. Tour codebtor						in you owe the debt
				'	Check all sch	edules that apply:	
3.1 <b>Eli</b>	zabeth Shapiro ne				Schedul	e D, line <b>2.2</b>	
	Thompson Dr.				☐ Schedul	e E/F, line	
Nun	mber Street				□ Schedul	e G, line	<del></del>
		INI	47504		ROUNDPO	-	_
City	ncennes	IN State	<b>47591</b> ZIP Code	<u> </u>			
a a Sh	apiro, Elizabeth						
Nan	me				Schedul	e D, line	
	Thompson Dr mber Street				✓ Schedul	e E/F, line <b>4.3</b>	
	ncennes, IN, 47591				☐ Schedul	e G, line	
					ഥ Christine S	-	_
City	,	State	ZIP Code				
3.3 <b>Sh</b>	apiro, Elizabeth					5.11	
Nan	ne				☐ Schedul	e D, line	
	Thompson Dr mber Street				✓ Schedul	e E/F, line 2.1	
<u>Vir</u>	ncennes, IN, 47591				Schedul	e G, line	<u></u>

ZIP Code

State

City

Elizabeth Shapiro

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Debtor 1 First Name

Middle Name

Dostumpient

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	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.4	Shapiro, Elizabeth Name 50 Thompson Dr Number Street Vincennes, IN, 47591	Schedule D, line 2.2 Schedule E/F, line Schedule G, line ROUNDPOINT MTG
	City State ZIP Code	

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			Doci	<u>iment Pa</u>	<u>ae 3</u>	1 of 53		12/11/2015 04.21.1
ŀ	Fill in this inform	ation to identif	your case:					
	Debtor 1	Lewis	M	Shapiro				
		First Name	Middle Name	Last Name			Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
	United States Bankru	intev Court for the:	NORTHERN	DISTRICT OF IL	LINOI	s		A supplement showing postpetition
	Case number	ipicy Court for the.	NORTHERN	<u> </u>	LIITO			chapter 13 income as of the following date:
L	(if known)				_			MM / DD / YYYY
$\cap$	fficial Form 106	ลเ						
_	chedule I: You							12/15
resino ab	sponsible for supplyiclude information about your spouse. If it out your spouse. If it our name and case nu	ing correct informout your spouse. The more space is nee	ation. If you are If you are separ ded, attach a se Answer every c	e married and not rated and your spe eparate sheet to th	filing j ouse is	ointly, and not filing	your : with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your employ							
	information.  If you have more th	an one		Debtor 1				Debtor 2 or non-filing spouse
	job, attach a separa		yment status	✓ Employed				Employed
	with information abo additional employer			□ Not employ	ed			■ Not employed
	additional employer	Occup	ation	sales				- · <del></del>
	Include part-time, s or self-employed wo		yer's name	VAST Solution	ıs			_
	Occupation may inc student or homema applies.	=p.o	yer's address	2442 Durand I Number Street	Or.			Number Street
				Downers Grov		IL 605 State Zip C		City State Zip Code
		How Io	ong employed ti	here? 6 mont	hs			
			<b>3</b> • • • • • • • • • • • • • • • • • • •					
ŀ	Part 2: Give De	etails About Mo	nthly Incom	е				
	timate monthly incom n-filing spouse unless			<b>n.</b> If you have noth	ning to	report for a	ny line	, write \$0 in the space. Include your
	ou or your non-filing s u need more space, a			er, combine the inf	ormatio	on for all en	nploye	rs for that person on the lines below. If
						For Debtor	· 1	For Debtor 2 or non-filing spouse
2.	List monthly gross payroll deductions). would be.				2.	\$4,00	0.00	
3.	Estimate and list n	nonthly overtime p	ay.		3. +	\$	0.00	
4.	Calculate gross in	come. Add line 2	+ line 3.		4.	\$4,00	0.00	

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				F -	For Debtor 1	For Debto		
	Сор	y line 4 here .		4.	\$4,000.00			
5.	List	all payroll ded	ductions:					
			e, and Social Security deductions	5a.	\$701.46			
	5b.		ontributions for retirement plans	5b.	\$0.00			
	5c.	Voluntary co	ntributions for retirement plans	5c.	\$0.00			
	5d.	Required rep	payments of retirement fund loans	5d.	\$0.00			
	5e.	Insurance		5e.	\$0.00			
	5f.	Domestic su	pport obligations	5f.	\$0.00			
	5g.	Union dues		5g.	\$0.00			
	5h.	Other deduct	tions.					
		Specify:		5h. <b>+</b>	\$0.00			
6.		<b>i the payroli de</b> ⊦ 5h.	<b>eductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$701.46			
7.	Cald	culate total mo	onthly take-home pay. Subtract line 6 from line 4.	7.	\$3,298.54			
8.	List	all other inco	me regularly received:					
	8a.		rom rental property and from operating a ofession, or farm	8a.	\$0.00			
		gross receipts	ement for each property and business showing s, ordinary and necessary business expenses, and while the characteristics of the company of the					
	8b.	Interest and	dividends	8b.	\$0.00			
	8c.		ort payments that you, a non-filing spouse, or a egularly receive	8c.	\$0.00			
			ny, spousal support, child support, maintenance, ment, and property settlement.					
	8d.	Unemployme	ent compensation	8d.	\$0.00			
	8e.	Social Securi	ity	8e.	\$0.00			
	8f.	Include cash a cash assistan (benefits under or housing sul	ament assistance that you regularly receive assistance and the value (if known) or any non- uce that you receive, such as food stamps er the Supplemental Nutrition Assistance Program) bsidies.					
		Specify:		8f.	\$0.00			
	•		etirement income	8g.	<u>\$0.00</u>			
	8h.	Other monthl Specify:	ly income.	8h. <b>+</b>	\$0.00			
9.	Add	l all other inco	ome. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			
10.			y income. Add line 7 + line 9. ine 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,298.54	+		\$3,298.54
11.	Inclu		jular contributions to the expenses that you list in Sons from an unmarried partner, members of your househ.			r roommates	, and other	
	Do r	-	amounts already included in lines 2-10 or amounts tha			expenses list	ed in Sched	Jule J.
	·						11. <b>+</b>	\$0.00
12.	inco		n the last column of line 10 to the amount in line 11. t amount on the Summary of Your Assets and Liabilities				12.	\$3,298.54 Combined
								monthly income
13.	Doy	you expect an	increase or decrease within the year after you file the	nis forn	n?			
	$\checkmark$	No.	None.					
		Yes. Explain:						

Case 15-41927 Doc 1 Filed 12/11/15 Entered 12/11/15 16:24:17 Desc Main 12/11/2015 04:21:11pm Page 33 of 53 Document Fill in this information to identify your case: Check if this is: An amended filing Debtor 1 Lewis Shapiro Middle Name First Name Last Name A supplement showing postpetition chapter 13 expenses as of the Debtor 2 following date: (Spouse, if filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: MM / DD / YYYY Case number (if known) Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? No Dependent's relationship to Dependent's Does dependent Yes. Fill out this information  $\square$ Do not list Debtor 1 and Debtor 1 or Debtor 2 age live with you? for each dependent..... Debtor 2. No 3  $\overline{\mathbf{Q}}$ Yes Do not state the dependents' No names. Yes No Yes Nο Yes No Do your expenses include No expenses of people other than Yes yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses \$1,648.00 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a.

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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		Your exper	ises
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$275.00
	6b. Water, sewer, garbage collection	6b	\$200.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$140.00
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7.	\$300.00
8.	Childcare and children's education costs	8.	\$150.00
9.	Clothing, laundry, and dry cleaning	9.	\$10.00
10.	Personal care products and services	10.	\$5.00
11.	Medical and dental expenses	11	
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$180.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	\$110.00
	15d. Other insurance. Specify:	15d.	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 <b>Kia Soul</b>	17a	\$360.00
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you.  Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes		
	20c. Property, homeowner's, or renter's insurance		
	20d. Maintenance, repair, and upkeep expenses		
	20e. Homeowner's association or condominium dues	200	

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Deb		Lewis	М	Document Shapiro	Page 35 of	Case number (if kno	•						
		First Name	Middle Name	Last Name									
21.	Othe	er. Specify:				21.	+						
22.	Calc	liculate your monthly expenses.											
	22a.	Add lines 4 throug	gh 21.			22a.	\$3,378.00						
	22b.	Copy line 22 (mor	nthly expenses for D	ebtor 2), if any, from Of	ficial Form 106J-2	22b.							
	22c.	Add line 22a and	22b. The result is y	our monthly expenses.		22c.	\$3,378.00						
23.	Calc	ulate your monthly	net income.										
	23a.	Copy line 12 (you	r combined monthly	income) from Schedule	el.	23a.	\$3,298.54						
	23b.	Copy your monthl	y expenses from line	e 22c above.		23b.	\$3,378.00						
	23c.		nthly expenses from monthly net income	your monthly income.		23c.	(\$79.46)						
24.	Do y	Do you expect an increase or decrease in your expenses within the year after you file this form?											
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?												
	$\overline{\mathbf{V}}$	No											
		Yes. Explain here:											
		110110.											

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	Ouse	10 41021	Doo's Tiled	cument Pa	ane 36 of 53	3		12/11/2015 04:2
F	ill in this inf	formation to i	dentify your case	:				
D	ebtor 1	Lewis First Name	M Middle Name	Shapiro Last Name				
ח	ebtor 2	i iist ivaille	wildle Name	Lastivaine				
	Spouse, if filing)	First Name	Middle Name	Last Name				
U	nited States Ba	inkruptcy Court fo	r the: <b>NORTHERN D</b>	ISTRICT OF ILL	INOIS			
_	ase number f known)				_	ľ	Check if	f this is an
 O1	fficial Form	106Sum						
Sı	ımmary o	f Your Asse	ets and Liabilit	ies and Cer	tain Statisti	cal Inform	nation	12/
cor sch	rect informationedules after y	on. Fill out all of	ossible. If two marri your schedules first; nal forms, you must r Assets	then complete th	e information on	this form. If y	ou are filing	g amended
								Your assets
1.	Schedule A/B	3: Property (Officia	al Form 106A/B)					Value of what you owr
	1a. Copy line	e 55, Total real es	state, from Schedule A	/B				\$0.0
	1b. Copy line	e 62, Total persor	nal property, from Sche	edule A/B				\$6,000.00
	1c. Copy line	e 63, Total of all p	property on Schedule A	v/B				\$6,000.0
P	art 2: Su	mmarize You	r Liabilities					
								Your liabilities Amount you owe
2.			ve Claims Secured by n Column A, Amount o			e of Part 1 of So	chedule D	\$207,583.0
3.			Have Unsecured Claim  Part 1 (priority unsecu	•	•	∋ E/F		\$0.00
	3b. Copy the	e total claims from	n Part 2 (nonpriority un	secured claims) fro	m line 6j of Scheo	dule E/F	<b>.</b>	+ \$35,176.0
						Your total lia	abilities	\$242,759.0
Р	art 3: Su	mmarize You	r Income and Exp	enses				
4.	Schedule I: Y	our Income (Offic	cial Form 106I)					

Schedule J: Your Expenses (Official Form 106J)

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22c of Schedule J.....

\$3,298.54

\$3,378.00

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Debtor 1

First Name

Middle Name

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Part 4: **Answer These Questions for Administrative and Statistical Records** 

6.	3. Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	<ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of Yes</li> </ul>	ther schedules.
7.	7. What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	rsonal,
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box this form to the court with your other schedules.	c and submit
8.	6. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$4,000.00
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	
	Total claim	
	From Part 4 on Schedule E/F, copy the following:	
	\$0.00	

From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$866.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$866.00

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		Dog	rument Pac	ne 38 of 53		12/11/2015 04:21:12
Fill in this inf	ormation to i	dentify your case	:			
Debtor 1	Lewis First Name	<b>M</b> Middle Name	Shapiro Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLIN	OIS		
Case number (if known)					Check if this amended fill	
Official Form	106Dec					
		ndividual Debi	tor's Schedule	es		12/15
f two married peo	ople are filing to	gether, both are equa	lly responsible for s	upplying correct infor	mation.	
concealing prope \$250,000, or impri	rty, or obtaining		y fraud in connectio		a false statement, ase can result in fines	up to
Sig	JII Delow					
Did you pay	or agree to pay s	someone who is NOT	an attorney to help	you fill out bankruptcy	y forms?	
<b>☑</b> No						
☐ Yes. Na	ame of person				h Bankruptcy Petition Faration, and Signature (	
Under penalt true and corr		eclare that I have read	the summary and s	chedules filed with th	is declaration and that	t they are
X /s/ Lewis	•		X	Nelster 0		
Signature	of Debtor 1		Signature of D	eptor 2		

MM / DD / YYYY

Date

Date 12/11/2015

MM / DD / YYYY

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			Doc	rument	Page 39 of	53		12/11/2015 04	:21:13
F	II in this inf	ormation to ider	ntify your case						
De	ebtor 1	Lewis First Name	M Middle Name	Shapiro Last Name					
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name					
Ur	nited States Bar	nkruptcy Court for the	e: NORTHERN D	ISTRICT OF	LLINOIS				
	ase number known)							Check if this is an amended filing	
Of	ficial Form	107							
Sta	atement o	f Financial Af	fairs for Ind	ividuals F	iling for Ba	ankruptcy		12	2/15
you	r name and ca	n. If more space is se number (if know re Details About	n). Answer every	question.			additio	onal pages, write	
1.	What is your  ✓ Married  ✓ Not marrie	<b>current marital stat</b> i ed	us?						
2.	<b>☑</b> No	st 3 years, have you			•				
	Debtor 1:			tes Debtor 1 ed there	Debtor 2:			Dates Debtor 2 lived there	
3.	(Community p	et 8 years, did you e roperty states and tea and Wisconsin.)	•	•	•	• • •	•	te or territory? o, Puerto Rico, Texas,	

✓ NoYes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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Debtor 1

Dostumpient

First Name Middle Name Last Name

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Part 2:	Explain	the	Sources	of	Your	Income
---------	---------	-----	---------	----	------	--------

	Fill in the total amount of income you rece If you are filing a joint case and you have i  No Yes. Fill in the details.	•			
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	m January 1 of the current year until date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$44,240.00	Wages, commissions, bonuses, tips	
		Operating a business		Operating a business	
	the last calendar year: nuary 1 to December 31, 2014 )	₩ Wages, commissions, bonuses, tips	\$45,000.00	Wages, commissions, bonuses, tips	
(Jai	<u>YYYY</u>	Operating a business		Operating a business	
	the calendar year before that:	Wages, commissions, bonuses, tips	\$77,000.00	Wages, commissions, bonuses, tips	
(Jai	nuary 1 to December 31, 2013 )	Operating a business		Operating a business	
5.	Did you receive any other income durin Include income regardless of whether that unemployment; and other public benefit parand gambling and lottery winnings. If you Debtor 1.  List each source and the gross income from No Yes. Fill in the details.	income is taxable. Example ayments; pensions; rental incare in a joint case and you have	es of other income are come; interest; dividen- ave income that you re	ds; money collected from laveceived together, list it only constant it onl	vsuits; royalties;

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Debtor 1

Lewis

Dostumpient

7.

8.

First Name Middle Name Last Name

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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

□ No.		<b>Debtor 1 nor Debtor 2 has pri</b> d by an individual primarily for a				d in 11 U.S.C. § 101(8) as
	During t	he 90 days before you filed for b	oankruptcy, did	you pay any credito	r a total of \$6,225*	or more?
	□ No.	Go to line 7.				
	☐ Yes.	List below each creditor to who total amount you paid that cred child support and alimony. Als	ditor. Do not inc	clude payments for o	domestic support of	oligations, such as
	* Subjec	ct to adjustment on 4/01/16 and	every 3 years a	after that for cases fi	led on or after the o	date of adjustment.
✓ Yes.	Debtor	1 or Debtor 2 or both have pri	marily consum	er debts.		
	During t	he 90 days before you filed for b	oankruptcy, did	you pay any credito	r a total of \$600 or	more?
	✓ No.	Go to line 7.				
	☐ Yes.	List below each creditor to who creditor. Do not include payments Also, do not include payments	ents for domest	ic support obligation	ns, such as child su	•
			Dates of payment	Total amount paid	Amount you stil owe	Was this payment for
Insiders in corporation agent, incompared to the corporation of the co	include yo ons of whi cluding on		rs; relatives of a person in contro	any general partners I, or owner of 20% o	; partnerships of whor more of their voting	
✓ No ☐ Yes.	List all pa	ayments to an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	year befo	ore you filed for bankruptcy, di er?	id you make aı	ny payments or trai	nsfer any property	on account of a debt that
Include p	ayments o	on debts guaranteed or cosigned	d by an insider.			
✓ No ☐ Yes.	List all pa	ayments that benefited an inside	er.			
			Dates of payment	Total amount	Amount you still owe	Reason for this payment Include creditor's name

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Debtor 1 Lewis First Name Middle Name

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Identify Legal Actions, Repossessions, and Foreclosures

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Part 4:

9.	-	or bankruptcy, were you a party in any la rsonal injury cases, small claims actions, d es.			-	_	
	☐ No ☐ Yes. Fill in the details.						
		Nature of the case	Court or agency		Sta	tus o	f the case
Cas	e title	Divorce	Will County			- 17	Pending
IRN	IO Shapiro v. Shapiro		Court Name 14 W. Jefferson Str	oot			_
			Number Street	CCI		- <u>C</u>	On appeal
						_ [	Concluded
Cas	e number 2014D 000919		Joliet	IL	60432		
			City	State	ZIP Code	_	
11.	seized, or levied? Check all that apply and fill in the  No. Go to line 11. Yes. Fill in the information be Within 90 days before you filed amounts from your accounts or  No Yes. Fill in the details.  Within 1 year before you filed for		ng a bank or financial in owed a debt?	stitution	ı, set off any		
P	art 5: List Certain Gifts a	and Contributions					
		or bankruptcy, did you give any gifts wi	th a total value of more t	than \$60	ner nerson	?	
		or sammapley, and you give any girls wi	an a total value of mole (	400	o per person	-	
	✓ No ☐ Yes. Fill in the details for eac	h gift.					
14.	Within 2 years before you filed f to any charity?	or bankruptcy, did you give any gifts or	contributions with a tota	al value	of more than	\$600	
	✓ No ☐ Yes. Fill in the details for each	h gift or contribution.					

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Do**stum**ent Page 43 of 53 number (if known) Debtor 1 Middle Name First Name Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **☑** No Yes. Fill in the details. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. ☐ Yes. Fill in the details. 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **☑** No Yes. Fill in the details. 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **☑** No ☐ Yes. Fill in the details. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **☑** No Yes. Fill in the details. Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **☑** No ☐ Yes. Fill in the details. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. ill

			Who else had access	s to it?	Describe the contents	Do you still have it?
Bank of America Name of Financial Institution	on		Name		Social Security card, birth certificate and closing	□ No ☑ Yes
700 E Boughton Ro Number Street	d		Number Street		documents from purchase of home.	_
Bolingbrook City	IL State	<b>60490</b> ZIP Code	City	State ZIP Code	-	

Deb	otor 1	<u>Le</u>	Se 15-4 ewis st Name	1927	Doc 1 M Middle Name	Filed 12/11/15 Do <b>Shapte</b> nt Last Name	Entered 12/11/15 16:24:17 Page 44 @fa53jumber (if known)	
22.	<b>☑</b> 1	No	stored pro		ı a storage un	it or place other than y	our home within 1 year before you filed for	bankruptcy?
P	art 9:		dentify	Proper	ty You Hol	d or Control for So	omeone Else	
23.	•		old or cont trust for s			someone else owns?	Include any property you borrowed from, a	re storing for,
	بخا	No Yes. I	Fill in the d	etails.				
P	art 10	0:	Give Det	ails Ab	out Enviro	nmental Informati	on	
For	the p	urpos	e of Part 1	10, the fo	ollowing defin	nitions apply:		
ı	hazaro	dous	or toxic su	ubstance	e, wastes, or i	material into the air, la	egulation concerning pollution, contaminatind, soil, surface water, groundwater, or other substances, wastes, or material.	•
			•	-	• • •	ty as defined under an it, including disposal s	y environmental law, whether you now owr sites.	ı, operate, or
						vironmental law define contaminant, or simila	es as a hazardous waste, hazardous substa r item.	nce, toxic
Rep	ort al	l noti	ces, releas	ses, and	proceedings	that you know about,	regardless of when they occurred.	
24.	Has law?		overnmen	ıtal unit	notified you t	hat you may be liable o	or potentially liable under or in violation of a	ın environmental
	بخا	No Yes. I	Fill in the d	etails.				
25.	<b>V</b>	No	<b>notified ar</b> Fill in the d		nmental unit	of any release of haza	rdous material?	
26.	Have orde	•	been a pa	rty in an	y judicial or a	administrative proceed	ing under any environmental law? Include	settlements and
	-	No Yes. I	Fill in the d	etails.				

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Lewis Debtor 1 First Name Middle Name

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Part 11: Give Details About Your Business or Connections to Any Business

27.	7. Within 4 years before you filed for bankruptcy business?	y, did you own a business or ha	ve any of the following connections to any
	<ul> <li>A sole proprietor or self-employed in a</li> <li>A member of a limited liability company</li> <li>A partner in a partnership</li> <li>An officer, director, or managing execution</li> <li>An owner of at least 5% of the voting of</li> </ul>	<ul><li>(LLC) or limited liability partnership</li><li>tive of a corporation</li></ul>	nip (LLP)
	<ul><li>✓ No. None of the above applies. Go to Part</li><li>✓ Yes. Check all that apply above and fill in the</li></ul>		S.
28.	<ol><li>Within 2 years before you filed for bankruptcy all financial institutions, creditors, or other pa</li></ol>		nent to anyone about your business? Include
	☐ No☐ Yes. Fill in the details below.		
Р	Part 12: Sign Below		
pro or l	hat answers are true and correct. I understand the roperty by fraud in connection with a bankruptcy or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.		250,000, or imprisonment for up to 20 years,
	Signature of Debtor 1	Signature of Debtor 2	
	Date12/11/2015	Date	
Did	old you attach additional pages to Your Statement	t of Financial Affairs for Individu	uals Filing for Bankruptcy (Official Form 107)?
_	☑ No □ Yes		
Did	id you pay or agree to pay someone who is not a	an attorney to help you fill out b	ankruptcy forms?
	No		Attack the Declarates Politica Decreased Notice
Ц	Yes. Name of person		Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).

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Fill in this info	ormation to	identify your case	:	
Debtor 1	Lewis First Name	M Middle Name	Shapiro Last Name	
Dahtan	riisi ivame	iviluule Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court f	or the: <b>NORTHERN D</b>	ISTRICT OF ILLIN	OIS
Case number				
(if known)				

#### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.			6D),	
Identify the creditor and the property that is collateral			Did you claim the property as exempt on Schedule C?	
Creditor's name:	EXETER FINANCE CORP	Surrender the property.  Retain the property and redeem it.  No Yes		
Description of property securing debt:	2010 Kia Soul	Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:		
Creditor's name:	ROUNDPOINT MTG	✓ Surrender the property.		
Description of property securing debt:	217 Grant Dr, Bolingbrook, IL	Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:		

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X /s/ Lewis M Shapiro
Signature of Debtor 1

Date 12/11/2015

MM / DD / YYYY

X Signature of Debtor 2
Date MM / DD / YYYY

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION (CHICAGO)**

In	n re Lewis M Shapiro	Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTO	RNEY FOR	RDEBTOR
1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filing of the petition in I services rendered or to be rendered on behalf of the debtor(s) in contemplation is as follows:	oankruptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	<u>\$</u>	1,000.00
	Prior to the filing of this statement I have received		\$0.00
	Balance Due	\$^	1,000.00
2.	. The source of the compensation paid to me was:  ☑ Debtor ☐ Other (specify)		
3.	. The source of compensation to be paid to me is:  ☑ Debtor ☐ Other (specify)		
4.	. I have not agreed to share the above-disclosed compensation with any oth associates of my law firm.	er person unle	ss they are members and
	☐ I have agreed to share the above-disclosed compensation with another pe associates of my law firm. A copy of the agreement, together with a list of t compensation, is attached.		
5.	. In return for the above-disclosed fee, I have agreed to render legal service for a	all aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor bankruptcy;	r in determinin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and pl	an which may b	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation he	aring, and any	adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/11/2015 /s/ Jeffrey M. Jacobson

Date Jeffrey M. Jacobson

Jeffrey M. Jacobson Bar No. 6205762 Law Offices of Jeffrey M. Jacobson P.C.

903 Commerce Drive

Suite 160

Oak Brook, IL 60523 Phone: (331) 222-9529

/s/ Lewis M Shapiro

Lewis M Shapiro

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Lewis M Shapiro CASE NO

CHAPTER 7

# **VERIFICATION OF CREDITOR MATRIX**

	The above named Debtor	hereby verifies that	the attached list of	of creditors is true a	nd correct to the b	pest of his/her
know	ledge.					

Date _	12/11/2015	Signature _/s/ Lewis M Shapiro Lewis M Shapiro
Date _		Signature

Case 15-41927 Doc 1 Filed 12/11/15 Entered 12/11/15 16:24:17 Desc Main 12/11/2015 04:21:16pm Document Page 51 of Check one box only as directed in this Fill in this information to identify your case: form and in Form 122A-1Supp: Debtor 1 Lewis M Shapiro Middle Name 1. There is no presumption of abuse. First Name Last Name Debtor 2 2. The calculation to determine if a presumption (Spouse, if filing) First Name Middle Name Last Name of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS ☐ 3. The Means Test does not apply now because of qualified military service but it could apply Case number (if known) Check if this is an amended filing Official Form 122A-1 **Chapter 7 Statement of Your Current Monthly Income** 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions \$4,000.00 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse \$0.00 if Column B is filled in.

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household,

your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

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Column A

Column B

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Debtor 1 Debtor 2 or non-filing spouse Net income from operating a business, profession, or farm Debtor 1 **Debtor 2** \$0.00 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating expenses Copy \$0.00 \$0.00 Net monthly income from a business, here profession, or farm Net income from rental and other real property Debtor 1 **Debtor 2** \$0.00 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating -Copy \$0.00 \$0.00 Net monthly income from rental or here other real property Interest, dividends, and royalties \$0.00 **Unemployment compensation** \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ...... For you..... For your spouse..... Pension or retirement income. Do not include any amount received that \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. \$4.000.00 \$4,000.00 Then add the total for Column A to the total for Column B. Total current monthly income

12/11/2015 04:21:16pm  ne 11 here   12a.    x
X 12
X 12
X 12
X 12
12b. <b>\$48,000.00</b>
13. \$63,820.00
esumption of abuse.
se is determined by Form 122A-2.
attachments is true and correct.